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PROBLEMS, OPPORTUNITIES AND OBLIGATIONS CONFRONTING HEALTH EDUCATORS

By CHARLES LYGHT, M.D.*

People must be taught the values of health and the dangers of disease, shown what facilities are available to protect their own and others' health and influenced to translate that knowledge into action.

During wartime the health educator, hard pressed like all his colleagues in related fields of medical and social service, may find himself sighing for the less complicated days of peace. His experience should warn him that peace is no more a mere absence of conflict than health, positively viewed, is a mere absence of disease.

However, deprived of trained personnel, both because of its diversion to military pursuits and because of dwindling sources of supply, the health educator feels the pinch of manpower shortage. Material aids on which he traditionally depends are apt to fail him in varying degree. Difficulties range all the way from acute paper shortage that limits his effective supply of printed matter up to uncertainty about obtaining such essential items as motion picture equipment. The very practical problem of how to transport himself and his teaching impedimenta over the frequently far-flung expanses of his constituency, not always easy of solution, has become increasingly difficult.

And so the puzzled health educator may not see the forest because of the trees; he may not realize until too late that his wartime audience was particularly receptive to health information, peculiarly anxious to cooperate, unusually well able, financially, to do so.

It is a mistake, too, to forget that peacetime is often notable for its content of human apathy and indifference, that peacetime budgets are sometimes as shrunken as today's volume of manpower and that postwar problems will call for as great a display of ingenuity as any that challenge us at present.

Probably what we need is not merely "postwar planning," about which we now hear so much, nor prolonging the emergency measures which were forced upon us by suddenly conspiring circumstances. The call is for a re-examination and reconstruction of our program, the elimination of all that is outmoded, the adaptation of sound fundamentals to conform to altering conditions, the incorporation of sufficient flexibility to promise that we can absorb coming shocks with a minimum of dislocation between plan and performance. Both the front office and the customers want to know the details of our new model in health education.

Qualifications

Before we proceed to a discussion of the special aspects of health education in the field of the tuberculosis worker, let us recall that health educators are simply teachers specifically trained to carry on the presentation of one segment of a rounded educational whole. Just as a successful teacher of science must know and keep re-learning his subject thoroughly, believe in its importance, be accomplished in the technics of presenting it to a wide range of ages, interests and abilities and never falter publicly in his personal application of the principles he expounds.

* Director, Health Education, National Tuberculosis Association, Dr. Lyght addressed the Northern California Public Health Association at Sacramento, May 29, 1944.

so must the health educator be master of his craft. Ideally, the health educator possesses a love for people as individuals, not merely an urge to "do good" on a gross scale. Practically, to make this ideal operative, he must be a rare combination of teacher, showman and psychologist as well as having the dual ability to assume the role of leader or play the part of servant among those he would influence. *Education is not a point to be arrived at, but a continuous, living process to be pursued.* Therefore, the best educators are those who remain acutely conscious of their own need for more and still more education, who make sure that need is satisfied and who retain the responsiveness and adaptability necessary to render their output acceptable to the least susceptible of their contacts.

The Individual, Not the Mass

Tuberculosis is just as capable of spreading today from an open case to an innocent bystander as ever it was. Tuberculosis is just as able as ever to mask its presence in the human body until late stages of the disease usher in a manifestation of symptoms. Tuberculosis, if unhindered by proper counter measures, can bring suffering, illness and death to young and old alike now even as in past years. The disease has not changed. Men, accumulating knowledge and applying it, have succeeded in changing the total tuberculosis threat and the overall tuberculosis picture. The weakness in the attitude of some educators seems to stem from a proneness to think and teach in terms of the mass rather than with regard to the individuals making up that mass. We issue solemn warnings that about 58,000 deaths from tuberculosis still occur annually in the United States, missing the obvious fact that to the public this is too large a consideration for immediate digestion and application.

As others have pointed out, let me reiterate that Mr. Average Citizen thinks mainly about himself, his intimate family circle, his usually small quota of friends and acquaintances. Let someone he knows die from tuberculosis, let his or some nearby family go through the heartbreak and economic disaster accompanying it, and then his unaided imagination will multiply that preventable, unnecessary tragedy until he grasps the terrifying implication of the national figures. Since we can not arrange for and do not want this kind of personal object lesson to be the lot of the so far unconvinced, health educators must make their message so individual, plain and compelling that it penetrates beyond the mind and into the heart of everyone. Health educators will succeed in this endeavor only when they have humanized their statistics and personalized their advice. Mass education has served the herded Axis nations well, but Americans believe so strongly in individual prerogatives that they fight and die to maintain them.

Changing Emphasis

The shifting age-specific death rates for tuberculosis have raised serious questions for health educators and clinicians alike. Undoubtedly much of the lessening tuberculosis morbidity and mortality among children and young people is traceable to improved methods of early diagnosis, more effective segregation of infectious cases, more adequate treatment and more thorough rehabilitation of patients, virtual elimination of the threat of infected milk supplies and a system of health education that is beginning to bear fruit. However, with the emphasis being rapidly removed from case finding in the relatively unproductive ranks of youth and placed instead on the unexpectedly productive decades of older ages, there has loomed the coincident danger that youth may, as a result, be neglected. This is a two-fold menace. In the first place, even the comparatively rare case that exists among young people deserves to be given every possible chance for prompt diagnosis and adequate treatment and the advantages these confer. Secondly, the health educator can not afford to have millions of young Americans reach maturity and enter the demonstrated more hazardous later years lacking the facts about tuberculosis, lacking the conditioned willingness to respond to diagnostic procedures when they are offered, perhaps bearing in the bodies of many of them the preclinical beginnings of the very disease whose belated ravages are now indicated as rising curves on mortality graphs after youth is left behind.

Getting Up to Date

While on the subject of lifting our barrage so as to concentrate on new objectives, it should be apparent to every health educator that, in the middle and older age groups now demonstrated to be reservoirs of tuberculosis infectivity as well as sources of startlingly large numbers of tuberculosis deaths, there is a great and neglected field for adult health education. Somehow these people grew up knowing few if any significant facts about tuberculosis. Now it is necessary to secure their cooperation in the screening process by which public health authorities hope to comb their ranks and find the numerous undiscovered cases. It is equally imperative that they be taught they are menaces to all about them as it is for them to realize that treatment still holds considerable hope of rendering them safe, productive members of society again. It is obvious that we shall have to experiment with educational devices that have succeeded among younger groups

before we can expect to develop modified or new methods that will impress and instruct people long since out of the years when learning came easily. It will be infinitely difficult to teach these older folk new tricks, but that makes the job the more intriguing.

Actions Plus Words

A further word of caution concerns the tendency to conduct examinations, again with too much regard for mass results, on a preponderantly mechanistic basis. Americans applaud assembly-line methods because they represent savings of time, effort, money and materials. However, the manufacturer of the most impersonally assembled gadget or machine insists on an advertising campaign that promises the maximum demand for his product and usually provides printed instructions that help the buyer to use and understand to full advantage what he has bought. Any mass radiographic program, therefore, will be most popular when intensive educational preparation, both long-range, and short-term, has preceded it. But that is only part of the secret. It will succeed only if every participant is convinced that it is schemed for him as an individual, if he is treated with courtesy and consideration, if the findings are simply and carefully explained to him, if there is adequate follow-up of the suspicious film by all the many clinical procedures that are necessary to make a diagnosis instead of a guess, if there are provisions for positive action in every case where trouble actually is discovered. The team charged with setting up the apparatus, securing the pictures, reading the films, may lack the time and opportunity to carry on an appropriate educational pre-filming and post-filming campaign. But the health educator must assume full responsibility for his portion of the program, obtaining an invitation in those instances where, through oversight or misguided attempts at haste, he has not been asked to perform his essential function. Any preventively intended diagnostic procedure, to be successful, must be repeated at intervals. The acceptance of the repetition by those whom it is meant to protect will depend, primarily, on each individual's recollection of previous contact with a safety measure he understood and appreciated.

Special Problems

A concomitant part of a tuberculosis case-finding program that directs its maximum energies at those areas, racial, social and geographic, where most tuberculosis is known to exist must be an educational assault on every factor that tends to produce these aggregations of tuberculosis. For example, it has been well substantiated that tuberculosis represents a greater problem among our Negro population than among whites. This has not been shown to be due to special susceptibility on the part of the Negro, or to specific failure of his tissues to fight the disease. The crowded and insanitary conditions under which a great part of our Negro citizens live are responsible for facilitating the spread of the bacilli that cause tuberculosis. That explains the relatively large number of cases. So, too, the admittedly poorer educational facilities that are the lot of considerable portions of the Negro community operate to keep many Negroes from knowing the facts about tuberculosis, how it can be discovered early, how it must be handled, how the family is to be protected. All such disadvantages combine to swell the particularly high death rate due to tuberculosis among Negroes.

It thus becomes apparent that a tremendous obligation rests upon the health educator at this point. Property owners and civic authorities who control the lives and destinies of their fellow citizens must be educated to realize that degrading, unhealthful housing, deficient schooling, inadequate dietary, substandard medical facilities or any other remedial factors favoring tuberculosis and threatening human life and welfare do not belong in a country pledged to life, liberty and equal rights for all. This education of the higher-ups must be accompanied by a thorough program of health instruction as part of an enhanced system of general education among Negroes, Spanish-speaking groups, American Indians or any other part of our population known to harbor more than its share of residual tuberculosis.

After the War

When World War II finally ends we must expect to encounter, in reverse, many of the conditions that developed as a result of the onset of this emergency. It seems inevitable that the process of redistribution and demobilization will carry with it hazards potentially dangerous to public health. The mass migrations of workers and their families, the discharge of war veterans, the resumption of immigration from countries now denied rudimentary measures of control, are all capable of complicating the fight against tuberculosis. The unsatisfactory conditions obtaining among tuberculous veterans of the last war are positive proof and a glaring example of what serious threats to personal and community health can be nurtured by a system that relies too little on sound education of patient, family and administration. They also indicate how far into the future past neglect can project. With reports indicating that nearly 100,000 men and women are being discharged from the Services each month, we can appreciate that demobilization will not wait upon the signing

of an armistice. Thus, we are already at a point where we must place in operation an educational program that will be out of the fumbling stages and into full efficiency when greatest needs confront it. Whether it be among war veterans, industrial transients, returning students, our international neighbors or the great bulk of the American public, we must plan and administer a gigantic program of health education geared to whatever demands develop and ready to fit in with whatever medical and social readjustments may be in the making.

Wartime Lessons

Two other lessons learned from the war clamor for inclusion in our plans for tomorrow. One is that the authorities charged with the job of training vast numbers of troops in highly specialized branches of warfare in the shortest possible period of time have made telling use of every known medium of education. Mistakes have been made, but they have been eliminated and great strides taken in the direction of improving the presentation of educational material effectively and attractively. Health educators will do well to investigate the technics so successfully used in training men and women to do things, to work together, to preserve themselves and their associates from injury and death so far as was humanly possible. Many of these advances in the utilization of visual and auditory aids are directly applicable in the field of health instruction. However, we must remember that we shall have high standards of performance to follow. Incidentally, it seems reasonable to suppose that much of the equipment now in use will be available to other agencies when military instructors are done with it.

The second lesson is one gleaned from "combined operations," if you will. It is high time that educational leaders in general recognize that no curriculum is worthy of being called modern or complete that omits the teaching of good personal and community hygiene or that fails to make available the protections to health in classroom and on campus that accepted practice demands. The companion piece to this is that everyone engaged in tuberculosis control and working toward tuberculosis eradication must recognize that fundamentally his program rests upon education. Health education that starts with the child and continues and expands until it embraces every adult is essential. Such an enterprise can be carried on only by teachers who themselves have been adequately trained, who have book knowledge matched by the daily facing and solving of health problems. Media such as the radio and the press must be provided with health writers who know of what they write. Public officials must be brought to regard public health as a precious communal possession to which each member of society has his own personal right and in the maintenance of which every other member has a stake. The occupational therapist and the rehabilitator need to understand basic tuberculosis facts just as the patient needs to understand his disease and how to resume useful living after it has been successfully treated. The medical and nursing professions are far from fully informed on the subject of tuberculosis and much remains to be done before their training is optimum in this regard. All in all, here is a challenging opportunity for educators of vision to contribute their experience and pool their resources toward an overall educational effort that will leave no loopholes of ignorance or indifference to weaken our array against tuberculosis. Here it is up to the health educator to assume the initiative. Where he leads, the enlightened recipients of his teaching will follow. Without people who trust him he will find few marching behind him.

Education Is Basic

A recent newspaper dispatch told of the inauguration of Missouri's new law requiring blood serological tests by applicants as a prerequisite to a marriage license. As in many another State enforcing such a provision, the border cities in Missouri reported a virtual stoppage of license applications while nearby Kansas towns, immune from the law, reported a swelling stream of applicants. These people, it seems reasonably certain, were not all syphilitics suddenly deciding to marry and desperately trying to elude detection. What had happened was that legislation had been adopted before education concerning the purposes of the Act had been accomplished. These uninformed citizens, not realizing the protective benefits conferred on themselves and their offspring by a premarriage examination of this nature, were bent on evading what they incorrectly interpreted as an invasion of personal liberty. Some undoubtedly gagged on the small immediate cost of a medical examination and lost sight of the tremendous eventual saving. In a word, health education in Missouri either had not had a fair chance or it had missed a golden opportunity. Similarly, it is very probable that those naturally alarmed by the unfortunately high percentage of patients leaving tuberculosis sanatoria contrary to medical advice and who would seek restrictive legislation as the answer to this great public health menace would be intensely disappointed in the reception accorded legal quarantining provisions, were the public not thoroughly prepared and convinced by proper education. Here again, in the sanatorium and out, the health educator has a job that cries for attention.

Total Health

Finally, the intelligent health educator will appreciate that few people are interested solely in tuberculosis as a threat to health and as an economic wrecker of home and happiness. A discerning program of education will take into account every significant threat to health and will include appropriate coverage and instruction. Our responsibility to supply the facts concerning tuberculosis to every person in our community and to motivate him to action in his own behalf is clear. Our chances of winning and holding his interest and of securing his cooperation, however, depend in large measure upon our realistic approach to all his health problems and our display of capability in helping him to solve every one of them.

In closing, I ask indulgence to paraphrase Scripture, which should be permissible in so good a cause: And now abideth sanitation, segregation, education, these three; but the first of these is education. Will every health educator in the tuberculosis field, preoccupied with wartime problems and with his eye on peacetime opportunities, realize and fulfill his all-time obligation?

SANITARY SURVEY OF SAN DIEGO BAY

An extensive bacteriological and sludge survey of San Diego Bay was made during May to ascertain the benefits that may have derived from the clean-up program carried on by the City of San Diego and National City during the past three years. The survey was precipitated by the desire to restore certain yacht harbors and swimming areas in the Point Loma District to recreational purposes. It was determined that the San Diego Bay has lost practically all of its pollutional effects in the few months since the new system diverted the sewage outside of that area. When the program of interception is completed, it is believed that still other areas within the district will prove to have become reconditioned.

COMMUNITY HEALTH EDUCATION SERVICES

On invitation of the State Department of Education, the State Department of Public Health gave assistance in formulating a request for a grant from the Kellogg Foundation of Michigan to finance a demonstration in the study of community health education services. If funds are granted, a demonstration will be conducted in the secondary schools of Fresno, Madera, Tulare and Kings counties under the direction of the State Department of Education in cooperation with the State Department of Public Health.

STATE CHAMBER OF COMMERCE SPONSORS RODENT CONTROL PROGRAM

The California State Chamber of Commerce recently called a meeting of health officers and representatives of the chamber to consider problems of rodent control in the San Francisco Bay Area. The chamber desired to secure from public health officials of this area their opinions and advice for a program of rat control. Recommendations for a unified program were adopted for presentation to the Executive Committee of the Central Coast Council of the State Chamber of Commerce.

Dr. Wilton L. Halverson, Director, State Department of Public Health, emphasized the fact that officials know the need for rat control and also know the proper methods to employ but they need public support to make a control program effective.

Colonel N. E. Wayson of the United States Public Health Service reported that the rat is a spreader of communicable diseases and must be controlled and that the program must be conducted on a sustained basis. Of first importance is the elimination of food and shelter. He cited some of the diseases that are carried by rodents as infectious jaundice, certain forms of typhus, bubonic and other forms of plague, and stated, also, that they are a source of food poisoning.

Dr. Karl F. Meyer, Medical Director of the Hooper Foundation, University of California Medical School, stated that sporadic control programs are not sufficient and that trained employees are essential in the control of the rat population. He stated that rural areas are a source of infection for urban areas because of the migratory habits of rats and other rodents.

Mr. E. T. Ross, Chief of the State Bureau of Sanitary Inspection, reported that rat popuations are now spreading to residential areas. He presented nine recommendations for the consideration of the committee, which were unanimously adopted and which read as follows:

1. That adequate and continuous rodent control activities be conducted in all cities in the Bay Area and that similar activities be carried on by county authorities in rural communities.
2. That adequate facilities be provided for the collection and disposal of garbage and other waste material and that their use be compulsory.
3. That all garbage be stored until removed from the premises in watertight metal containers having tight fitting metal covers.
4. That all garbage be disposed of on approved dump sites and that all material brought to such sites be thoroughly burned or be entirely covered daily with a layer of suitable earth covering to a depth of not less than two feet.

5. That all measures necessary be taken for the control of rodents which may infest the dump or its adjacent area.
6. That all rubbish, empty containers, old papers, used lumber and other materials which might serve as rodent harbors be removed from all premises and that all premises be placed and maintained in clean and sanitary condition.
7. That measures for the rat-proofing of all buildings or structures be adopted by all cities, special attention to be given to buildings used for the storage or handling of edible materials of any kind.
8. That measures be taken to prevent dumping garbage from vessels, wharves or other places, into the waters of the Bay or its tributaries.
9. That there be initiated a broad program of public education, utilizing organizations, films, speakers, printed matter and the press, in order to impress upon the general public the need for a substantial rat control program, through elimination of food and shelter for rats.

Mr. Ross reported that the cooperation of all residents is of vital importance and urged that trained sanitary inspectors and rodent control crews be maintained upon an annual basis. Many communities throughout the State are having difficulty in securing necessary priorities in the maintenance of garbage disposal and other activities related to sanitation. Furthermore, crews employed in garbage disposal are being drafted into the armed forces and can not be replaced.

It was brought out that the extension of the rat population into the residential areas has been brought about through the tremendous influx of new residents who are not sanitation-minded, that in many places garbage collection is not compulsory, and another factor of vital importance is the increasing maintenance of chickens and rabbits and other animals on residential property. The absence of facilities for the enforcement of laws that require property owners to keep their premises rat proof makes control difficult. Further difficulties are encountered through the lack of trained personnel due to war conditions.

It was the unanimous opinion of the entire group that a plan and a program for the creation of public consciousness of the need for rat control and methods for its accomplishment are of prime importance.

IMMUNIZATION PROGRAMS DEVELOPED

Assistance in immunization programs was given by the department in Placer and Siskiyou counties. In Placer County 1,890 were vaccinated against smallpox. In Siskiyou County, 946 children received first doses of diphtheria toxoid.

COURT SUPPORTS VENEREAL DISEASE CONTROL

Last month a writ of habeas corpus was served on the City of San Francisco to show cause why a patient quarantined for gonorrhea under order of the women's court should not be released. It was determined that, since quarantine was established, a negative smear had been obtained through the services of a private physician. When it was shown that the patient was originally diagnosed by smear and culture and that a reasonable time for criterion of cure should be six weeks, the court held that she should remain in quarantine.

FEDERAL TUBERCULOSIS CONTROL PROPOSED

S.B. 1851, introduced in the Senate by Senator Thomas on April 17, 1944, provides for the establishment of a division of tuberculosis control in the United States Public Health Service and makes an appropriation of $10,000,000 for the support of the division and for State allotments to be made for the purpose of "establishing and maintaining adequate control measures for the prevention, treatment and control of tuberculosis, including construction, maintenance and operation and the training of personnel for State and local health work." It is believed that the passage of this bill would have a far-reaching effect upon tuberculosis control in California. It is hoped that, because of the acute problems involved in the provision of care for nonresident tuberculous in California, funds provided through this measure might be available for subsidizing the care of the tuberculous from other States who have come into California in the war emergency in great numbers.

LABORATORY MAKES 40,000 VENEREAL DISEASE EXAMINATIONS IN MAY

The Division of Laboratories of the Department reports having made a total of 40,612 venereal disease examinations during May. These consisted of 31,057 Kline tests for syphilis, of which 2,602 were positive; 4,297 Kahn tests for syphilis, of which 2,052 were positive; 4,911 Wassermann tests for syphilis, of which 2,382 were positive; and 347 gonococcus smears, 26 of which were positive.

In a war that stretches out as this one seems to be doing, the side which can manage its resources of men and materials most economically is the side that can best withstand the drain of a long war and is the side that in the end will win.—Peter Edson.

JAPANESE MARRIAGES INCREASE IN CALIFORNIA

In 1942 there were 25 marriages of Japanese registered in California, all of which occurred during the last six months of the year. In 1943, 147 marriages of Japanese were registered, the greatest numbers having occurred in August and September when 22 and 24 marriages, respectively, were recorded. All of these events occurred in Modoc County where the Tule Lake Project is located. All of the brides and grooms, of course, are residents of that area.

	1942	*1943*
January	--	8
February	--	7
March	--	12
April	--	18
May	--	8
June	--	18
July	1	11
August	2	22
September	1	24
October	5	7
November	3	7
December	13	5
	25	147

ACTION AGAINST DRUG FAKERS

During the month of April a number of medicine vendors were made to comply with the Pure Drugs Act. Among them was the bottler of a mineral water, who sold his product as a cure for diabetes, ulcers and other ailments. Literature advertising the product as a cure for these diseases was secured with a view toward instituting legal procedure. This individual had been formally warned a year ago to cease distribution of the falsely advertised, misbranded product.

The corrected labeling of a "snake oil" as a simple rubifacient composed of gasoline, coal oil and oil of mustard, was effected. The product was distributed by an itinerant vendor.

The elimination of advertising claims for calcium pantothenate as a "gray hair vitamin" was effected.

A sincere but misguided religious fanatic was required to correct the labeling and advertising claims made for numerous preparations distributed by him.

A large department store was required to discontinue advertising a sun lamp as an effective means for the treatment of sinusitis.

A hair lacquer, reportedly causing a dermatitis, was investigated in several beauty shops. The product was officially sampled and remaining lots placed under quarantine.

You've got to teach youngsters the difference between right and wrong, but you shouldn't try to poke it down their throats. Let them ask questions and then give them the answers.—Henry Ford.

RABIES UNDER CONTROL

In 1943 in Los Angeles County, law enforcement agencies picked up a total of 2,941 dogs. Of this number, only 10 per cent were redeemed, the others having been destroyed. During the period, January, 1943, to April of this year, in one district of Los Angeles County 53 cases of rabies in animals and one human case have occurred. Control measures are actively enforced by local officials.

In one district of San Bernardino County, six cases of the disease have occurred in dogs since the first of January. A child bitten by one of these animals on May 2d is under treatment by a local physician. Control measures are being enforced by local officials throughout the area involved.

The Bureau of Sanitary Inspections during the month made an investigation of a case of rabies in a cow on a dairy in Sonoma County. The source of infection was not determined.

OTOLOGICAL SERVICES COMING TO CHILDREN

Progress has been made in working out procedures and laying plans with local health departments and otologists for the establishment of otological diagnostic clinics for children with impaired hearing. Such clinics will be established by local health departments, affording an opportunity for deafened children to obtain complete examination and diagnosis with recommendations by a qualified otologist.

MANY DISEASES INVESTIGATED

Routine investigations during April included chickenpox, diphtheria, dysentery, leprosy, measles, rabies, Rocky Mountain spotted fever, scarlet fever, smallpox, typhoid fever, and typhus fever.

Only one case of smallpox occurred in April. This patient arrived in Orange County from Mexico the date the eruption appeared. All known contacts have been vaccinated and to date there have been no secondary cases.

If you were to say to me: "What is the first essential for success in war?" I would say the human factor. We must remember it is not the tank, the armored car or the battleship that is going to win this war. It is men, inside them. That is a terribly important thing. Everything hinges on the human factor.—Gen. B. Montgomery.

Young men are fitter to invent than to judge, fitter for execution than for counsel, fitter for new projects than for settled business.—Sir Francis Bacon.

EMERGENCY MATERNITY AND INFANT CARE

During May authorizations were issued for medical and hospital care of 3,187 maternity patients and 167 sick infants of men in the armed forces. Meetings were held with committees of the California Medical Association in Los Angeles and San Francisco in connection with the present new policies of the Children's Bureau in the development of a program for Emergency Maternity and Infant Care.

PENICILLIN ALLOCATED TO CALIFORNIA

The Office of Civilian Penicillin Distribution has allocated to the Department 20,000,000 units of penicillin to be used for the treatment of venereal disease cases that are sulfa-resistant. Arrangements have been made for the allocation of this new drug to local health departments.

EMERGENCY INFANT AND MATERNITY CARE

During April, 2,866 new cases, involving 2,691 maternity patients and 175 infants, were accepted under the emergency program sponsored by the Federal Government through the Children's Bureau of the Department of Labor with the cooperation of the California State Department of Public Health. Since the program started in July of 1943, 19,621 maternity patients, who are wives of service men, have been accepted for medical care and hospitalization at the expense of the Federal Government. Of these, 7,745 have completed their treatment and hospitalization, which brings the current case load to apprximately 12,000 cases. A total of $830,500 has been paid to date to physicians, hospitals, and nurses for services rendered under the program. Bills for services have been received from 1,735 participating physicians and 281 hospitals that provide the required facilities for hospitalization.

VENEREAL DISEASE SOURCES AND CONTACTS INVESTIGATED

During March, 1,949 sources and contacts of cases of venereal disease were reported to the department by the Army and Navy, and 967 sources and contacts of civilians were reported for investigation to local health departments in California.

During the period November, 1942, through March, 1944, no less than 22,000 sources and contacts have been reported by the Army and Navy, and 9,800 sources and contacts of civilians reported for investigation. Of those reported by the Army and Navy, 798, or 36.2 per cent, were located. Of those reported from civilian sources, 516, or 58.4 per cent, were located.

EDUCATION IN VENEREAL DISEASE PREVENTION

At the request of the local health department, a three weeks demonstration in venereal disease education was conducted for residents of the Northside and Hillside Dormitories, war housing projects, in Vallejo. Members of the local health department staff, which will continue the program, assisted in the demonstration which thus served as an in-service training project in educational methods. Seventeen lectures and thirteen film showings were given to a total audience of 1,693. The immediate result was the voluntary appearance of 12 new patients, residents of the dormitories, at the clinic. As a part of the demonstration, a meeting was held with the medical committee of the Tenant's Association of Chabot Terrace, a family housing project, during which the committee was interested in arranging a series of monthly meetings on general public health in cooperation with the local health department. It is hoped to reach many of the 10,000 residents of the project with pamphlets, lectures, motion pictures and posters. The first meeting, on poliomyelitis, will be held in May.

ACTIVITIES IN GROUND SQUIRREL ERADICATION

Representatives of the department visited agricultural commissioners of 11 counties of the State during April. Assistance was given in ground squirrel eradication in all of these localities. Activities are under the supervision of county agricultural commissioners in cooperation with the State Department of Agriculture.

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